

**Testing and Other Help Available Before the October 16, 2003
Compliance Date for Health Insurance Portability and
Accountability Act (HIPAA) Transaction and Code Set Standards**

Dear Medicare Provider,

Will you be ready to bill Medicare effective October 16?

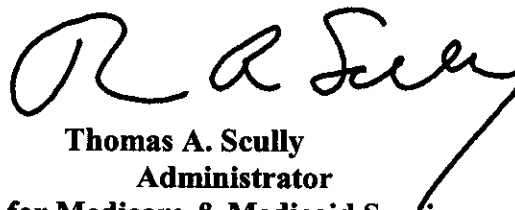
Should you be concerned about getting your Medicare claims paid starting October 16? If you are not ready to use the HIPAA standard transaction and code sets by October 16, you may not get paid!

HIPAA is more than a privacy law; it touches many aspects of health care, including the bills you submit to all health insurers, not just Medicare. Effective October 16, 2003, all electronic transactions covered by HIPAA must comply with these standards for format and content. For example, the electronic claim that a physician or hospital sends to a health plan must be compliant and health plans are only allowed to process compliant transactions. Any non-compliant claims submitted after the October deadline will be returned to you, unpaid.

You may have thought that you can still submit paper bills to Medicare, but in many cases, this is not true. The Administrative Simplification Compliance Act (ASCA) includes a provision that requires electronic submissions to Medicare effective October 16, 2003, with a few exceptions¹.

CMS and its contractors are eager to help you through this transition. Testing with your carrier or fiscal intermediary is required to assure that you and your business partners can send and receive HIPAA compliant transactions. Medicare contractors are ready to test with you now! To schedule testing, contact your Medicare carrier or fiscal intermediary. For more information, please review the helpful HIPAA resources, shown below.

Although we have all been working hard to achieve HIPAA compliance and the benefits it will bring, there is still much to be done. Time is growing short; please be sure to test and start sending and receiving HIPAA compliant transactions as early as possible to avoid any last-minute problems.



**Thomas A. Scully
Administrator
Centers for Medicare & Medicaid Services**

¹ One of the major exceptions is for claims submitted by "a small provider of services or supplier." The term "small provider of services or supplier" is defined to mean: a provider of services with fewer than 25 full-time equivalent employees; or a physician, practitioner, facility or supplier (other than provider of services) with fewer than 10 full-time equivalent employees. There will be other limited exceptions.

HELPFUL HIPAA RESOURCES

Upcoming Satellite Broadcasts

HIPAA 101 – The Basics of Administrative Simplification

July 16, 2003

2:00 – 3:00 p.m. ET

July 30, 2003

2:00 – 3:00 p.m. ET

www.cms.hhs.gov/medlearn

Register to be a Host Site for Satellite Broadcasts

www.cms.hhs.gov/hipaa/hipaa2

General HIPAA Information

Educational Materials

Frequently Asked Questions

HIPAA Administrative Simplification Information Series for Providers

Links to Additional HIPAA Web Pages

www.eventstreams.com/cms/tm_001

View HIPAA Educational Webcast

Topics:

HIPAA Basics

Provider Steps for Getting Paid Under HIPAA

askHIPAA@cms.hhs.gov

Request Answers to Your HIPAA Administrative Simplification Questions

[1-866-282-0659](tel:1-866-282-0659)

**HIPAA Hotline Staff Will Answer Your HIPAA Administrative Simplification Questions
or Direct You to the Appropriate Resources**

Local Carriers and Fiscal Intermediaries

HIPAA Scheduling and Testing